| Please type a plus sign (+) in   | side this box +   |  | LLO Detectord Tee                     | adamarl           | √ Ωffice:     9    | DEPARIMEN        | PTO/SB/01 (03-01)<br>2. OMB 0651-0032<br>NT OF COMMERCE<br>DMB control number. |  |
|--|---|--|---------------------------------------|-------------------|--------------------|------------------|--|--|
|  | n Act of 1995, no persons are require                                 |  |                                       |                   | REGIM              | 3 3-032          |  |  |
| DECLARATION FOR UTILITY OR DESIGN  |   |  | Attorney Docket Number                |                   | Peter Hoghoj       |                  |  |  |
|  | PPLICATION  | First Named Inventor Peter Hoghoj  COMPLETE IF KNOWN |                                       |                   |                    |                  |  |  |
| (37 CFR 1.63)  |   | Appli  | cation Number                         | 10/506,716        |                    |                  |  |  |
| Declaration  | X Declaration   | -  |                                       | September 7, 2004 |                    |                  |  |  |
| Submitted  | Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | <b>-</b>   |                                       | N/A               |                    |                  |  |  |
| with Initial OR<br>Filing  |   | <b>}</b>   | · · · · · · · · · · · · · · · · · · · | Not Yet Assigned  |                    |                  | ·  |  |
| My residence, mailing address, and citizenship are as stated below next to my name.  I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:  OPTICAL UNIT AND ASSOCIATED METHOD  (Title of the Invention)   |   |  |                                       |                   |                    |                  |  |  |
| the specification of wh  |   |  |                                       |                   |                    |                  |  |  |
| is attached here OR  | ito .   |  |                                       |                   |                    |                  | ļ  |  |
| X was filed on (MI   | M/DD/YYYY) 06/19/20   | 003  | as United States                      | Applic            | ation Nur          | nber or PCT      | International  |  |
| Application No. PCT/FR2003/001896 and was amended on (MM/DD/YYYY) (if applicable).   |   |  |                                       |                   |                    |                  | (if applicable).   |  |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.   |   |  |                                       |                   |                    |                  |  |  |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.  |   |  |                                       |                   |                    |                  |  |  |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed. |   |  |                                       |                   |                    |                  |  |  |
| Prior Foreign<br>Application   |   |  | Foreign Filing Date<br>(MM/DD/YYYY)   |                   | riority<br>Claimed | Certified<br>YES | Copy Attached?<br>NO   |  |
| Number(s)<br>0207546   | Country   |  | 06/19/2002                            | Not               | Ciamieu            |                  |  |  |
| 0300623  | FR  |  | 01/21/2003                            |                   |                    |                  |  |  |
| 0000020  |   |  |                                       |                   |                    |                  |  |  |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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| 31/2002. | OMB  | 065  | 1-003   | 2  |
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| DECLARATION — Utility or Design Patent Application   |                                   |        |                           |                                  |  |  |  |
|--|-----------------------------------|--------|---------------------------|----------------------------------|--|--|--|
| POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530  |                                   |        |                           |                                  |  |  |  |
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| City   |                                   |        | State                     | ZIP                              |  |  |  |
| Country  Telephone Fax  I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements |                                   |        |                           |                                  |  |  |  |
| may jeopardize the validity of the application or any patent issued thereon.  NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor  |                                   |        |                           |                                  |  |  |  |
| Given Name Peter   |                                   |        | Family Name or Surname    | Hoghoj                           |  |  |  |
| Inventor's Signature   |                                   | -      |                           | Date 15/12/200L<br>France DANISH |  |  |  |
| Saint Martin Le Vinoux<br>Residence: City  | Country                           | France | France DANISH Citizenship |                                  |  |  |  |
| Mailing Address: 23, Clos St. Martin   |                                   |        |                           |                                  |  |  |  |
| Saint Martin Le Vinoux   | State                             | ZIP    | F-38950                   | France Country                   |  |  |  |
| NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor   |                                   |        |                           |                                  |  |  |  |
| Given Name<br>(first and middle [if any])  |                                   |        | Family Name or Surname    | Dariel                           |  |  |  |
| Inventor's Signature Date 15/12/2004   |                                   |        |                           |                                  |  |  |  |
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| Mailing Address: Le Refuge Le Village  |                                   |        |                           |                                  |  |  |  |
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| X Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.   |                                   |        |                           |                                  |  |  |  |

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PTO/SB/02A (08-03)
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| DECLARATION  |  |                  | ADDITIONA<br>Supplement | L INVENTO              | DR(S)  | Page _1 _ of _1_         |                                       |  |
|--|--|------------------|-------------------------|------------------------|--|--------------------------|---------------------------------------|--|
| Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor |  |                  |                         |                        |  |                          |                                       |  |
|  | Given Name (first and middle (if any))     |                  |                         |                        | F  | amily Name or Surna      | me                                    |  |
|  | Sergi                                      | 0                |                         |                        |  | Rodrigues                |                                       |  |
| Inventor's<br>Signature  |  | 200 represent    | <b>&gt;</b>             |                        |  |                          | 112/2004                              |  |
| V<br>Residence: Cit  | oreppe<br>y                                | State            | Cou                     | France<br>htry         |  | Citizenship              | rance                                 |  |
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|  | Given Name (first and                      | middle (if any)) | -                       |                        | F  | amily Name or Surna      | me                                    |  |
| Inventor's<br>Signature  |  |                  |                         |                        |  | Date                     |                                       |  |
|  |  |                  |                         |                        |  |                          |                                       |  |
| Residence: Cit   | ty   | State            | Cou                     | ntry                   |  | Citizenship              | · · · · · · · · · · · · · · · · · · · |  |
| Mailing<br>Address:  |  |                  |                         |                        |  |                          |                                       |  |
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| Name of Ad   | Name of Additional Joint Inventor, if any: |                  |                         |                        | A petition has been filed for this unsigned inventor |                          |                                       |  |
|  | Given Name (first and                      | middle (if any)) |                         |                        | Family Name or Surname                               |                          | ime .                                 |  |
| Inventor's   |  |                  | •                       |                        |  | -                        |                                       |  |
| Inventor's<br>Signature  |  |                  |                         | Date                   | •  |                          |                                       |  |
| Residence: Ci  | Residence: City State Countr               |                  | intry                   | ry Citizenship         |  |                          |                                       |  |
| Mailing<br>Address:  |  |                  |                         |                        |  |                          |                                       |  |
| City   |  | State            | Zip                     |                        |  | Country                  | 44.                                   |  |
| Name of Ad   | ditional Joint Invent                      | or, if any:      | -                       |                        | A petition I   | has been filed for this  | unsigned inventor                     |  |
| Given Name (first and middle (if any))   |  |                  |                         | Family Name or Surname |  |                          |                                       |  |
| L  |  |                  |                         |                        |  | T                        |                                       |  |
| Inventor's<br>Signature  |  |                  |                         |                        |  | Date                     |                                       |  |
| Residence: Ci  | ty   | State            | Country                 |                        |  | Citizenship              |                                       |  |
| Mailing<br>Address:  |  | _                |                         |                        |  |                          |                                       |  |
| City   |  | State            | Zip                     |                        |  | Country                  |                                       |  |